

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CERCLA REMOVAL ACTION - DAILY WORK ORDER**

SITE NAME: Liberty Plastics
TASK ORDER NO.: 019
SITE/SPILL NO.: A250
EPA REGION: II
CONTRACTOR: Environmental Restoration
MONITORS: Mark Conover

CONTRACT NO.: EP-S2-10-03
DATE(s): 9/20/11
SHIFT: 0700 to 1530 hrs.
OSC: Thomas P. Budroe
WORK ORDER: 16
RM: Mark Bicksler

DESCRIPTION OF WORK TO BE PERFORMED

- 1) Provide all manifests, bill of lading and land disposal restriction forms electronically via e-mail to the OSC, T. Budroe, by 9/15/11, in advance of the shipment for review. Provide the final copy of the aforementioned forms to Mark Pane in EPA's Region 2, Edison, NJ office.
- 2) Mark and label all drums in compliance with all federal and state regulations, as well as, all requirements of the disposal facility. Ensure that all transportation vehicles are properly placarded.
- 3) Make all arrangements with the transportation and disposal companies necessary to provide shipment of the waste in compliance with all DOT and EPA regulations to an EPA approved treatment/disposal/recycling facility which is in compliance with EPA's off-site rule.
- 4) Provide all equipment and supplies necessary to load the transportation vehicles. Ensure all drums and containers are properly overpacked as necessary. **Note – If a forklift is required to load the drums onto the truck, ensure the forklift is delivered on a flatbed tow truck delivery vehicle as there is no ramp to drive the forklift into the building.**
- 3) Provide draft 1900-55s to the OSC for approval.

NUMBER OF PERSONNEL AUTHORIZED

1-RESPONSE MANAGER	0-Hygienist	2-CLEANUP TECHNICIAN(S)	0-Chemist
0-EQUIPMENT OPERATOR	1-FIELD CLERK	0-T&D Coordinator	0-Foreman


EQUIPMENT AND EXPENDABLE MATERIALS AUTHORIZED

ITEM	QUANT.	ITEM	QUANT.
PICK UP TRUCK (1/4 TON)	1	HAND TOOLS	0
PORTA JOHNS	0	CELLULAR TELEPHONE	1
LAPTOP COMPUTER	1	COMPUTER PRINTER	1
FORK LIFT	1	WET VAC	0
COPIER	0	PORTABLE LIGHTS	0
GENERATOR 5KW	0	85 GALLON OVERPACKS	0
55 GALLON OVERPACKS	0	EXCAVATOR	0

AR: as required

I CERTIFY THAT THE ABOVE WORK IS ORDERED AND AUTHORIZED BY THE CONTRACTOR IN THE PERFORMANCE OF THE ABOVE CITED DELIVERY ORDER

SIGNATURE OF ON-SCENE COORDINATOR



SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

I ACKNOWLEDGE RECEIPT OF THIS WORK ORDER.



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Amendments:

SIGNATURE OF ON-SCENE COORDINATOR _____

SIGNATURE OF CONTRACTOR'S REPRESENTATIVE _____